

MULTIPLE DEP. FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

CLAIM SHEET

SERIAL NO.

DPOTCE

FILING DATE

APPLICANT

107069385

CLAIMS

NO.	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	4	1	1	1	1	1
TOTAL DEP.	13	8	6			
TOTAL CLAIMS						

BEST AVAILABLE COPY

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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